MMC

3/20/2009 8:53:56 PM

PAGE

1/003

Eastern Time Zone

0004

Facsimile Transmittal Sheet

CC: Angela, Pete MARSH

K

From:

Chris Brimhall

To:

Fax:

STATE OF UTAH

Phone:

801 359 3940

Date:

20-Mar-09

Attention:

Time:

08:53 PM

Company:

Message:

**RECEIVED** 

MAR 2 3 2009

DIV. OF OIL, GAS & MINING

The information contained in this facsimile message is confidential, may be privileged, and is intended for the use of the individual or entity named above. If you, the reader of this message, are not the intended recipient, the agent, or employee responsible for delivering this information to the intended recipient, you are expressly prohibited from copying, disseminating, distributing, or in any other way using any of the information contained in this facsimile message.

This facsimile copy is as valid as an original.

O ACORD CORPORATION 1988

F	RODL	ACORD CERTIFICATE OF LIABILITY INSURANCE  DOUGER  Marsh USA Risk & Insurance Services  THIS CERTIFICATE IS ISSUED AS A MATTER							
		Marsh USA Risk & Insurance Se 15 West South Temple, Suite 70 Salt Lake City, UT 84101 Attn: Chris Brimhall (801) 533-30	00	HO	ILY AN OLDER.	ID CONFERS THIS CERTIF	NO RIGHTS UPON THE CATE DOES NOT AMERICATE DOES NOT AMERICATE POL	HE CERTIFICATE	
18	ISURE	ED		INSURE	INSURERS AFFORDING COVERAGE				
	SAVAGE COMPANIES				INSURER A: National Union Fire Ins Co Pittsburgh PA				
		6340 SOUTH 3000 EAST, SUITI SALT LAKE CITY, UT 84121	INSURER	INSURER B: Insurance Company Of The State Of PA			19429		
		, , , , , , , , , , , , , , , , , , , ,				lampshire Insur		23841	
			INSURER D:						
C	OVE	RAGES	INSURER	INSURER E:					
NS		HE POLICIES OF INSURANCE LISTI OTWITHSTANDING ANY REQUIREMEN AY BE ISSUED OR MAY PERTAIN, THE ONDITIONS OF SUCH POLICIES. AGGR					/E FOR THE POLICY PER //TH RESPECT TO WHICH TI JECT TO ALL THE TERMS, E	RIOD INDICATED. HIS CERTIFICATE EXCLUSIONS AND	
	INSF	RE THEOLINSORANCE	POLICY NUMBER	POLICY	POLICY EFFECTIVE   POLICY EXPIRATION   DATE (MM/DD/YY)   DATE (MM/DD/YY)   LIMITS			TTS.	
A		X COMMERCIAL GENERAL LIABILITY	GL948687				EACH OCCURRENCE	\$ 4,500,000	
				04/01	פטיו	04/01/10	DAMAGE TO RENTED PREMISES(Ea occurence)	\$ 4,500,000	
		X SIR \$500,000					MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$ 4,500,000	
		GENERAL AGGREGATE LIMIT APPLIES PE	Į.				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 9,500,000	
A	_	AUTOMOBILE LIABILITY					PRODUCTS - COMPIOP AGG	\$ 4,500,000	
A		X ANY AUTO ALL OWNED AUTOS	CA948483 (AOS) CA948484 (MA)	04/01 04/01		04/01/10 04/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	
		SCHEDULED AUTOS X HIRED AUTOS					BODILY INJURY (Per person)	\$	
		X NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$	
$\dashv$		GARAGE LIABILITY					PROPERTY DAMAGE (Per accident)	5	
		ANY AUTO					AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC		
$\dashv$		EXCESS/UMBRELLA LIABILITY					AUTO ONLY:	,	
							EACH OCCURRENCE \$		
		- SCANOTARE					AGGREGATE \$		
i		DEDUCTIBLE					\$		
+	WORK	RETENTION \$					\$		
,	EMPL	LOYERS' LIABILITY	WC4375735 (AOS)	04/01/0	9	04/01/10	X   WC STATU- OTH-		
3	ANY P		WC4375734 (CA)	04/01/0	19	04/01/10	E.L. EACH ACCIDENT \$	1,000,000	
:	yes.	ala a a site a si	WC4375736 (FL & OR) WC4375737 (TX)	04/01/0		04/01/10	E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
7	THE	ER	110 10 10 10 1 (1 X)	04/01/0	19	04/01/10	E.L. DISEASE - POLICY LIMIT \$	1,000,000	
ESC	RIPTK	ION OF OPERATIONS/LOCATIONS/VEHICLES	EVCUIDIONO						
UB XPI ACI	JECT LOSI LITY	T TO THE STANDARD EXCLUSION IVES IS NOT SPECIFICALLY EXCL Y ACT/007/022.	IS IN THE 2000 GENERAL LIA UDED ON THE GENERAL LIA	ENT/SPECIAL PROV ABILITY ISO FO ABILITY POLICY	Visions RM, CO Y. RE:	6 00 01 10 01. ( SAVAGE COAL	COVERAGE FOR DAMAGE TERMINAL PROCESS AN	E CAUSED BY D LOADOUT	
ER	ΠFIC	CATE HOLDER SEA-0	01100711-22	CANCELL	ATION				
	0	STATE OF UTAH DEPARTMENT OF NATURAL RESC DIVISION OF OIL, GAS & MINING PO BOX 145801 SALT LAKE CITY, UT 84114-5		SHOULD AN EXPIRATION 30 DAY MODERN MARKET MA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SAVENCY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUTCHMENTOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOC				
COF			NR 2 3 2009	Chris Brimhall	sk & Insuit	ance Service //	us Brimbel	9	
-	_	, M/	11/ 2 J ZUUS	,			O ACORD CORPO	DRATION 4000	

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Acord 25 (2001/08)